

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

273

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

171

727 7-27-81 OF DEATH ND 238 RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Phoenix		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) XXXXXXXXX Tolleson (Rural)	
	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 35 Yrs. 167 Yrs.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maricopa Co. Hosp.			
31 DENT 2 ONAL TA/67 0 157	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Horace B. (MIDDLE) Amator C. (LAST)		4. SEX Male 5. COLOR OR RACE White	
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH Jan. DAY 30 YEAR 1883	
	8. AGE YEARS 67 MONTHS 11 DAYS 17		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Laborer	
	9B. KIND OF BUSINESS OR INDUSTRY Farming		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	
002X USE IF 2 TH 18) 2	11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
	13. SOCIAL SECURITY NO.		14A. FATHER'S NAME Frank Amator	
	14B. BIRTHPLACE (STATE OR COUNTRY) Mass.		15A. MOTHER'S MAIDEN NAME Eliza Howard	
	15B. BIRTHPLACE (STATE OR COUNTRY) Arkansas		16. INFORMANT'S SIGNATURE Bert Amator	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 17, 1951		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)		
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM after death 19 7:15 TO 7:15 19 7:15 THAT I LAST SAW THE DECEASED ALIVE ON 7:15 19 7:15 AND THAT DEATH OCCURRED 7:15 M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE James D. Benger M.D.		23B. ADDRESS Phoenix, Arizona County Hosp.		
23C. DATE SIGNED Jan. 18, 1951		24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>		
24B. DATE Jan. 20, 1951		24C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park		
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		25A. DATE REC'D BY LOCAL REG.		
25B. REGISTRAR'S SIGNATURE Bert Amator		26. FUNERAL DIRECTOR'S SIGNATURE A. L. Moore		
27. EMBALMER'S SIGNATURE W.R. Becker		ADDRESS A. L. MOORE & SONS PHOENIX, ARIZONA		
CERT. NO. 311		FORM VS 2 REV. 8-50 DOM		